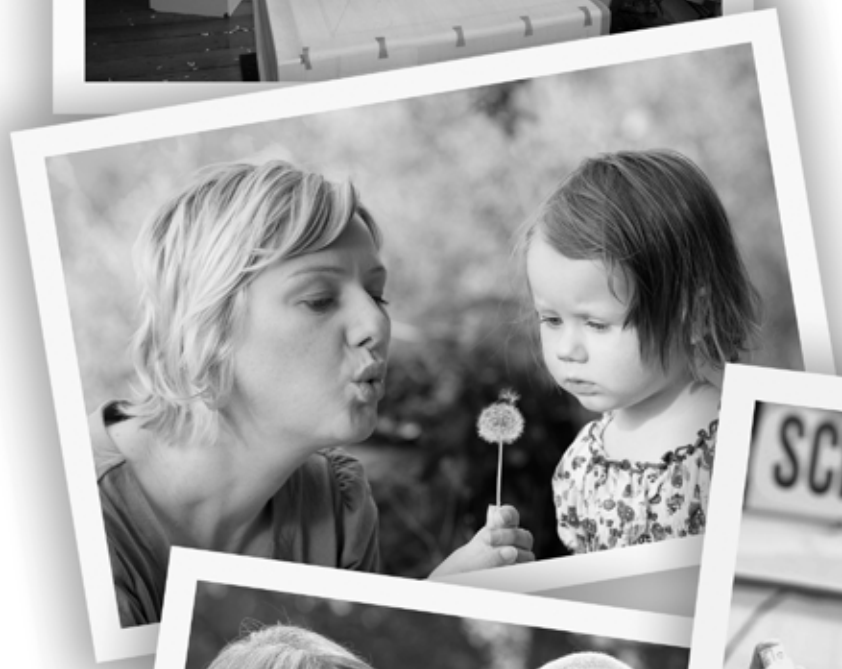


WASHINGTON STATE

# ASTHMA PLAN 2011-2015

Washington ASTHMA Initiative

Washington State Department of Health

DOH 345-290 May 2011

**Prepared by**

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Washington State Department of Health

Washington ASTHMA Initiative

May 2011

Dear Healthy Communities Champion:

We are releasing the Washington State Asthma Plan for 2011-2015 at a time of unprecedented change in both the financing and delivery of health care. We know that state economic forecasts and health care reform will dramatically affect how we do our work. This plan reflects the sea change that has already begun in health plans and health care delivery. The plan also builds on our collaborative relationships with school districts and community partners throughout the state.

The beauty of the revised plan is that, while it applies to improving asthma care, it identifies ways to improve care for people living with a great variety of chronic conditions including cancer, diabetes, and heart disease.

**Health Care:** Perhaps the most significant change ahead will be in health care financing and delivery. We expect payment methods, delivery systems, and processes of care to improve because of the Affordable Care Act (ACA). Health plans in Washington will make major changes in payment to providers. Standards of care will be tied to measureable performance and payment. The transition to a new system will likely be chaotic. All sides of the health care industry face large financial risks simply because there is no road map for this transition. As public health advocates, we must make sure we are fully engaged in the change process so that scientific knowledge is not forgotten in the chaos of transition. We must act to realize the best quality care possible for our most vulnerable populations.

**Communities and Environment:** We are seeing growing concern in our communities for air quality and the impact it has on the environment and human health. Attention to global warming issues will drive state policies to effectively support and enforce cleaner air. We expect to advance clean air initiatives for lower rates of emissions, whether from engine exhaust or open burning. We see this as an opportunity for progress by staying focused.

**Schools:** We made real progress in school health during the last planning cycle through our relationships with the Office of Superintendent of Public Instruction and school districts statewide. We are positioned to continue this work with added focus on early learning programs across the state. Change brings a rare opportunity for us.

We encourage you to reflect on this plan and commit your knowledge and experience in the years ahead. Together we will make a difference.

Maxine Hayes, MD, MPH
State Health Officer
Washington State Department of Health

Rick MacCornack, PhD
Chair, Washington Asthma Initiative

Washington ASTHMA Initiative

# Steering Committee

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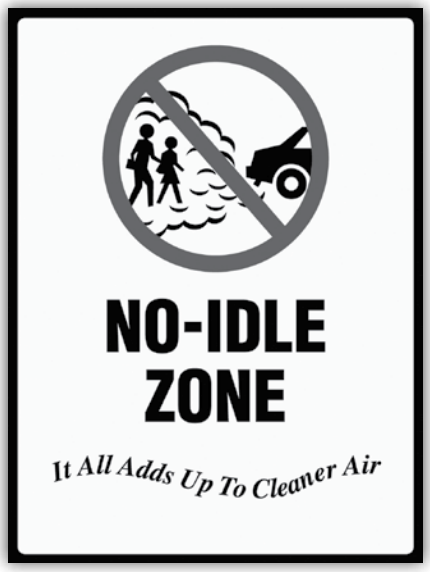


# What is Asthma?

Asthma is a lung disease that inflames and narrows the airways. Asthma causes recurring periods of wheezing, chest tightness, shortness of breath, and coughing. Indoor and outdoor air pollutants, stress, changes in temperature, colds and other infections, and exercise can trigger asthma attacks.

- Asthma is one of the most common chronic diseases worldwide.
- There is no known cure for asthma, but it can be controlled.
- More than a half-million people in Washington have asthma.
- More than 5,000 people with asthma are hospitalized each year.
- Nearly 100 people die each year of asthma.
- Nine percent of adults in Washington have current asthma.
- One in ten families with children in Washington has a child or children who have asthma.

SOURCE: 2008 Update: The Burden of Asthma in Washington State

WASHINGTON STATE

# ASTHMA PLAN 2011-2015

## About the Asthma Plan

The Washington State Asthma Plan reflects the input and needs of Washingtonians. The Washington Asthma Initiative and the Washington State Department of Health supports the plan. This plan is an update to the first state asthma plan, released in 2005.

This plan will guide the work of asthma prevention, diagnosis, and management in Washington. It especially addresses asthma health inequities. The plan was written by statewide workgroups with members representing health care, public health, environmental agencies, public schools, and higher education. We searched peer-reviewed medical and public health publications for the most recent science. We also sought out current evidence-based recommendations from government and professional organizations.

### Criteria for the Plan's Priority Recommendations

We developed this plan with these guiding principles:

- We will focus efforts on reducing asthma health inequities.
- We will integrate asthma efforts with other chronic diseases.

Recommendations and strategies in the plan were selected based on:

- Evidence of effectiveness.
- Potential to improve outcomes required by the U.S. Centers for Disease Control and Prevention's National Asthma Control Program:
    - Reduced hospitalization rates.
    - Reduced health disparities.
    - Increased percentage of people with asthma who receive self-management education.
- Feasibility to implement within five years.
- Sustainability.
- Political and economic support.

## Our Vision

We will improve the quality of life for people with asthma in Washington.

# Healthy People in Healthy Places

Asthma is a complex disease. We need to address it where people with asthma are – in the clinic, at home, and in the community. Multiple, coordinated strategies to control asthma are much more effective than single interventions.

People with asthma need access to excellent health care, and healthy places to live, learn, work, and play. Then they will be free from asthma symptoms and frequent trips to urgent care.

We can create or change policies, environments, and systems of care to better support people with asthma. Asthma treatment will be more successful when Washington residents live in environments that make it easier to breathe and live healthy, active lives.

## Comprehensive and Integrated Approach

Good asthma care must be coordinated across many areas: health care, communities, schools, homes, worksites. People who have asthma often have other chronic diseases. We know that much of what causes and worsens heart disease, stroke, diabetes, and some cancers, also affects asthma. Air pollution affects more than people with asthma and other lung diseases. Poor air quality affects people with heart disease and diabetes, and children.

## Policy and Environment

Social, environmental, and cultural factors can make it difficult for people to manage asthma effectively. The Institute of Medicine reminds us "health and well being are affected by a dynamic interaction between biology, behavior, and the environment. This is an interaction that unfolds over the life course of individuals, families, and communities."

Our state plan emphasizes developing policies in schools, communities, and health care settings to support good asthma management. Policies guide decision-making to achieve a desired outcome. An example of a school policy is allowing children to carry asthma inhalers with them. In the past, a child who was having an asthma attack would have to get his or her inhaler from the school nurse. This policy changed in 2005.

# Focus areas for our work

## Healthy Communities

The community plays an important role in supporting people with asthma by creating healthy environments. Healthy communities support clean outdoor air, and healthy worksites, schools, and homes. Quality health care is available to all who need it. We strongly recommend investing in communities most affected by health inequities.

## Healthy Schools

When asthma is untreated or under-treated, children have trouble attending and learning in schools. Asthma-friendly schools and early learning programs have support systems for students with asthma. They have clean air indoors and out. They provide asthma education and awareness programs for students and staff. Care is coordinated with the family, health care provider, and community. In asthma-friendly schools, students with asthma receive appropriate school health services. They are able to join in safe, enjoyable physical education and activities. State law requires school districts to adopt policies for asthma rescue procedures and staff training. It also allows students to carry and use asthma medications. We should focus resources on schools serving children most likely to have health inequities. These children also are more likely to have academic struggles.

## Healthy Worksites

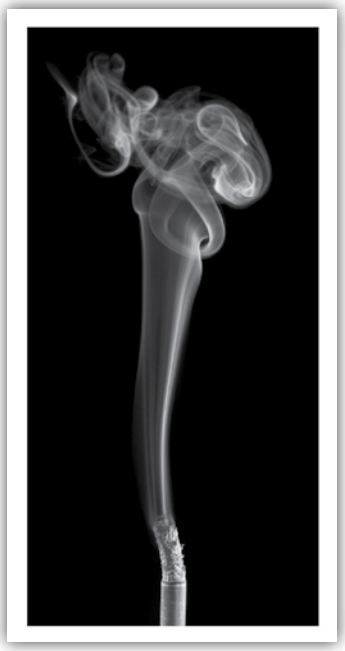
Asthma is the most common work-related lung disease. About 15 percent of adult asthma can be linked to exposures in the workplace.There are many ways that employers can protect and support employees at work. By making healthy changes in the worksite, employee risk factors can improve. Worksite policies that reduce smoke, fragrances, mold, dust, and other pollutants can protect health for employees with asthma, other lung diseases, and allergies. A healthy worksite promotes flu vaccines and is tobacco-free. A healthy worksite offers full coverage for asthma medications and tobacco cessation. We should focus activities on worksites employing low-wage workers.

SOURCE: *2008 Update: The Burden of Asthma in Washington State*

## Asthma and Health Inequity

- Low-income adults are more likely to have asthma and severe asthma symptoms than those who have higher incomes.
- Black youth are about 30 percent more likely to have asthma than white youth.
- Women are more likely than men to have asthma, and are at greater risk of dying from asthma.
- American Indian and Alaska Native adults are more likely to have asthma and are at greater risk of dying from asthma than white adults.
- Obesity is associated with asthma among adults, especially among women.
- Adults who smoke, or are former smokers, are more likely to have asthma than adults who have never smoked.

SOURCE: *2008 Update: The Burden of Asthma in Washington State*



**Asthma Self-Management**

Teach and reinforce at *every* opportunity:

Basic facts about asthma.

What is well-controlled asthma and the patient's current level of control.

What medications do.

How to use an inhaler and spacer.

How to control environmental exposures.

## Healthy Homes

The home environment has a big impact on people with asthma. Exposure to mold, dust mites, pests, and secondhand smoke can cause asthma symptoms and lead to emergency department visits or hospitalizations. Asthma home visits, and policy and environmental changes – like smoke-free multi-unit housing – reduce asthma symptoms and improve quality of life. Asthma advocates can partner with programs that address other home hazards to build a coordinated healthy homes strategy. A healthy homes approach addresses a variety of environmental health and safety concerns, in addition to asthma, including, lead, carbon monoxide, radon, and injury prevention. Our interventions in homes should focus on low-income, underserved communities.

## Health Care

All people with asthma deserve quality care that meets national standards. It takes an average of 17 years for new clinical knowledge to become widespread practice. We believe the 2007 national asthma guidelines should be in practice more quickly than that. Good asthma care is proactive, coordinated, and culturally competent. Good asthma care means prescribing appropriate medications. Patients should be able to afford their medications. Providers should work in partnership with patients to help them understand their asthma and learn skills to manage it. We should assess patients for environmental triggers. People should be able to get help to reduce their exposure at home and elsewhere. We should focus health care improvement on clinics and providers serving low-income and high-risk patients.

## Public-Private Partnerships

Together, public and private organizations can make changes to help people where they live, learn, work, and play. We work with regional asthma organizations around the state to support the health of people.

We can be more effective by working within the larger framework of chronic disease prevention and control. We can help control asthma and many chronic diseases by controlling tobacco use, obesity, and air pollution. We can improve health for people by creating *health homes*, also known as medical homes.

We recommend building partnerships in communities with the highest health inequities. These partners could include multicultural health organizations, Washington Tribes, and neighborhood organizations in low-income or underserved areas.

## Washington Asthma Initiative

The Washington Asthma Initiative is a public-private coalition of advocates working to improve the quality of life for people with asthma and other chronic conditions. The Washington Asthma Initiative supports the rights of people to:

- Education that supports effective self-care.
- Quality chronic health care.
- Healthy homes, schools, and workplaces.
- Clean air to breathe.

We seek to advance medical, social, and environmental policies and initiatives that improve the health of people with asthma.

## Public Health in Washington

### Helping communities make changes so people can make healthy choices

Public health works to control what causes and worsens diseases. While health care and medicine focus on individuals, public health focuses on the health of communities. We monitor and track data to understand who has asthma and where they live. Then we work to change policies and environments so that people can be healthy.

## GOALS • OBJECTIVES • ACTIVITIES

# Health Care

**All people with asthma in Washington will have access to, and receive, affordable, high-quality care according to national guidelines.**

The standard of care will include:

- Ongoing, planned assessment and monitoring.
- Appropriate medications.
- Control of environmental triggers.
- Education for a partnership in care.

### Asthma action plan

All people with asthma should have an asthma action plan. Also called a management plan, it is a written plan created by the person with asthma and a health care provider to help control asthma.

The asthma action plan shows daily treatment, such as what kind of medicines to take and when to take them. The plan describes how to handle worsening asthma or attacks.

- Guidelines for the Diagnosis and Management of Asthma, Expert Panel Report 3 (EPR-3), National Heart Lung and Blood Institute, 2007

## Asthma Care and Health Equity

People with low income and American Indians are at the highest risk of having poorly controlled asthma. Many factors contribute to this inequity. We know that access to care plays an important part in asthma management.

People who have breaks in insurance coverage, or who are unable to pay for asthma medications or care, are significantly more likely to have poorly controlled asthma. We can address health inequities by improving access and coordination of care. To do this, we must focus on systems and providers serving people who are most at risk.

SOURCE: *Very Poorly Controlled Asthma* report, The Burden of Asthma in Washington State: 2008 Update

## *Objective 1*

**By 2015, build on Medicaid and Children's Health Insurance Program (CHIP) financing opportunities in the Affordable Care Act to implement an asthma management program through health homes and health teams.**

*Strategy:*

Work with primary care and community partners, health plans, and the Medicaid Purchasing Administration to finance a model pilot for clinics and their community partners to deliver patient-centered care, together as a team. These teams will work to improve asthma control, and reduce preventable hospitalizations and visits to emergency departments. We will focus, in particular, on low-income and underserved communities.

Asthma care and management will include:

- Assessing and monitoring asthma symptoms regularly.
- Identifying and controlling environmental triggers through home visits and allergen reduction supplies.
- Controlling asthma with appropriate medication, especially inhaled corticosteroids.
- Providing education for patients and their families in clinics, pharmacies, homes, schools, and community settings.

## *Objective 2*

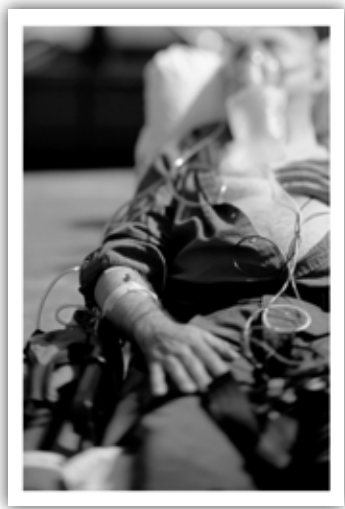
**Increase adoption of policies and practices that support improved clinical outcomes, including reduced emergency department visits and hospitalizations, in the care of patients with asthma and other chronic conditions**

*Strategies:*

1. Identify and engage interested hospitals and emergency departments to develop and implement best practices for discharge protocols. These protocols will include self-management education, prescription of inhaled corticosteroids as indicated, a written asthma action plan, and connection with appropriate follow-up care.
2. With health plans and health care systems, assess and improve coordination of care for patients transitioning to primary care from hospitals and emergency care.

### Section 2703 of the Affordable Care Act

The State Option to Provide Health Homes for Enrollees with Chronic Conditions (Section 2703) provides enhanced federal funds for states that are planning to expand or implement a health home initiative to serve people with chronic diseases and conditions like asthma, diabetes, and heart disease.



**Living Well With Chronic Conditions**

Living Well With Chronic Conditions is a six-week workshop offered through Area Agencies on Aging in Washington. The free or low-cost sessions target people with chronic conditions such as arthritis, asthma, diabetes, and heart disease.

It is based on the successful Chronic Disease Self-Management Program, created and tested at Stanford University. The program is proven to help people to be healthier. More information online: http://livingwell.doh.wa.gov

### 'Health home' approach to primary care

A health home – also known as "health care home" and "medical home" – is an approach to primary care where providers, families, and patients work in partnership to improve health outcomes and quality of life for people with chronic diseases and disabilities. Rather than focus only on episodes of illness, a health home provides patients with care for overall health.

A health home coordinates the care a patient may need from specialists and behavioral health providers. Health homes provide better ways to integrate clinical care with community and school resources. Patient-centered care in a health home responds to the unique needs, culture, preferences, and values of the patient. The patient is a partner in making health care decisions. We recommend that asthma advocates join with other advocates to improve chronic care overall.

## Community Environment

**All people with asthma in Washington live in healthy homes and communities that support effective self-management and reduce exposure to asthma triggers.**

### Health equity in communities

People in low-income communities are often exposed to environmental asthma triggers. Poor quality in housing and proximity to roadways lead to higher exposure to pollutants that can worsen asthma. These pollutants include diesel exhaust, mold, and pests such as rodents and cockroaches. Community-based strategies should focus on changing the environments of those who are most at risk.

### Healthy communities are asthma-friendly

The community environment affects everyone. We know that poor outdoor air quality triggers asthma symptoms. Air pollution also worsens health problems for people with heart disease and other lung diseases. Low-income housing often puts people at risk for breathing problems, poisoning, and injuries. Many low-income communities are located near industrial areas or busy highways. We should advocate for environmental justice and work to improve community environments for all people.

Healthy communities offer people access to ways to be physically active. Access includes connected sidewalks, parks, and low-cost recreation. Physical activity helps reduce obesity which improves many chronic diseases, including asthma. When people walk or bicycle to shop or work,

there are fewer cars on the road and better air quality. We should partner with Healthy Communities projects to integrate more asthma-friendly strategies like clean air, healthy homes, and healthy schools.

## *Objective 1*

### Increase the number of policies that support attaining national air quality standards in all areas of the state – especially in high-risk neighborhoods.

*Strategy:*

Provide support, data, and information from a health perspective to partners engaged in advocacy regarding:

- Public transit maintenance and expansion.
- Diesel reduction strategies.
- Clean car standards.
- Fuel standard changes to reduce emissions.
- Burn bans and enforcement.
- Wood stove change-out programs.

## *Objective 2*

### By 2015, increase the number of policies and practices to reduce exposure to asthma triggers in public, rental, and multi-unit housing.

*Strategies:*

1. Increase adoption of the healthy homes model, including smoke-free housing, by providing training, tools, and technical assistance to:
    - Building owners and managers.
    - Builders, developers, contractors, and architects.
    - City planners.
2. Promote adoption of policies that protect residents in multi-unit housing from secondhand smoke.
3. Offer continuing education to long-term care providers, Head Starts, local health jurisdictions (LHJs), tribes, and other home visitors for asthma management and trigger reduction.
4. Promote inspection programs for rental housing.

### Healthy Homes Model

A healthy home is designed, built, and maintained in a way that supports the health of those living there. Growing evidence links housing conditions to health problems like asthma, lead poisoning, and injuries. There are more than 6 million substandard housing units nationwide. Creating healthier homes improves health. A healthy home is dry, clean, pest-free, ventilated, safe, contaminant-free, and maintained.

- National Center for Healthy Housing – www.nchh.org

**Environmental Justice is** the fair treatment and meaningful involvement of all people regardless of race, color, national origin, or income to develop, implement, and enforce environmental policies. Everyone should be protected from environmental and health hazards. Everyone should have access to decision-making for a healthy environment in which to live, learn, and work.

- United States Environmental Protection Agency

# Schools and Early Learning

**The Attack Maintainer**
by Seattle Asthma Photovoice Student

*Stairs are a form of exercise and help prevent your asthma from flaring up and causing an attack. What I see happening here are the three sets of feet that climb these stairs (my family). It relates to everyone in life keeping their legs strong. It helps my mom with her asthma.*

---

Robin Evans-Agnew, WAI member and a doctoral candidate in the University of Washington's School of Nursing, organized the Asthma Photovoice Project in South Seattle. High school students, ages 15-18, photographed their homes, schools, and communities. They met in small groups to discuss what it is like to live with asthma. They presented their work, writings, and views at a public forum in a Seattle community center.

**All schools and early learning programs in Washington will be asthma-friendly.**

## Health equity in schools

Asthma is a leading cause of students missing school. Frequent school absences are associated with poor academic performance. Compared with non-Hispanic whites, American Indian/Alaska Natives were about twice as likely to have at least one child with asthma in their household. African-American children are about 30 percent more likely to have asthma than white children. Children with asthma appear less ready for school, which may lead to a continuing cycle of academic struggle. Linking school health and education outcomes will help close the achievement gap. Activities should focus on schools in underserved communities.

SOURCES: Washington Healthy Youth Survey 2008, Behavioral Risk Factor Surveillance Survey 2008

## Healthy schools are asthma-friendly

To improve asthma in the schools, we recommend the "Six Strategies for Addressing Asthma within a Coordinated School Health Program." Coordinated School Health addresses a range of activities that can improve student health. If done in a coordinated way, instead of alone, they will have a much greater impact.

### CDC's strategies for addressing asthma in schools

1. Establish **management and support systems** for asthma-friendly schools.
2. Provide appropriate school **health and mental health services** for students with asthma.
3. Provide **asthma education** and awareness programs for students and school staff.
4. Provide a safe and **healthy school environment** to reduce asthma triggers.
5. Provide safe, enjoyable **physical education and activity** opportunities for students with asthma.
6. Coordinate **school, family, and community efforts** to better manage asthma symptoms and reduce school absences among students with asthma.

- United States Centers for Disease Control and Prevention

## *Objective 1*

**Strengthen partnerships among public health organizations, Washington State Department of Early Learning, and early learning providers to address asthma issues in young children (age 5 and younger).**

*Strategies:*

1. Educate and train staff and parents about asthma and other chronic diseases in young children.

2. Promote coordination among primary care providers, staff, and parents as they implement individual care plans for young children.

3. Offer STARS (State Training and Registry System) asthma and other chronic disease management training to early learning providers.

4. Promote health recommendations for child care centers in Washington Administrative Codes (WACs).

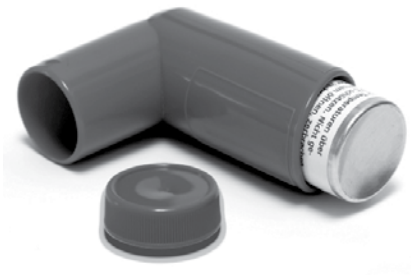
## *Objective 2*

**Increase the number of school districts adopting and fully implementing RCW 28A.210.370 and policies from the CDC's "Six Strategies for Addressing Asthma within a Coordinated School Health Program."**

*Strategies:*

1. Increase understanding of Section 504 of the Rehabilitation Act among school administrators - and the importance of appropriate policies, services, and accommodations - for students with asthma and other chronic diseases.

2. Evaluate the implementation of asthma policies in Washington school districts.



**RCW 28A.210.370** – This Washington law requires that school districts adopt policies to protect students with asthma, including allowing students to carry asthma medications with them.

**Section 504-1873 Rehabilitation Act** – This law guarantees certain rights to people with disabilities: "persons with a physical or mental impairment which substantially limits one or more major life activities."

# Appendix

Recommended activities that received the highest ranking are listed in the beginning of this plan as priorities for implementation from 2011-2015. Washington Asthma Initiative members judged top-ranked activities to have the highest evidence of effectiveness. The chosen activities also have potential to improve health outcomes, are feasible and sustainable, and likely to have political or economic support.

The activities that received lower scores are listed below in ranked order. We include them for reference and for potential future implementation.

### Health Care Goal

All people with asthma in Washington will have access to and receive affordable, high-quality care according to national guidelines.
The standard of care will include:

- Ongoing, planned assessment and monitoring.
- Appropriate medications.
- Control of environmental triggers.
- Education for a partnership in care.

### Strategies

- Work with the Health Care Authority to reduce or eliminate co-pays for asthma controller medications and routine chronic disease management visits.
- Work with Department of Social and Health Services and Health Care Authority to reduce formulary and other administrative barriers to appropriate asthma medications and services.
- Include training on the National Heart Lung and Blood Institute's Expert Panel Report 3 (EPR-3) guidelines in all medical, nursing, and pharmacy school curricula in Washington.
- Develop standard protocols for communication between health plans, hospitals, specialists, and primary care.
- Work with Medicaid to include asthma data in routine state surveillance activities.
- Partner with large organizations that use electronic health records – particularly those serving high-risk populations – to incorporate the EPR-3 guidelines.
- Work with hospitals to implement the Community Benefit and Cost Sharing provisions of the Affordable Care Act by:
  - Partnering with hospitals to use asthma measures in their community needs assessments and implementation strategies.
  - Monitoring community benefit provided by hospitals required to do so and recommend preferred activities to address these, such as asthma home visits.
  - Suggesting opportunities for interventions and community partnerships that would result in cost savings to hospitals, and benefits to people with asthma.
- Pursue legislative and other funding for chronic disease and medical home quality improvement training as recommended in the Affordable Care Act.
- Provide consultation, coaching, and peer mentoring to support providers in putting the EPR-3 guidelines into practice.

- Rebuild the American Lung Association's Asthma Educator Institute, or similar course, including content about case management.
- Make asthma self-management tools available in pharmacies and on the Internet.
- Develop and implement a distribution plan for the EPR-3 tool created by the Washington Asthma Initiative and Department of Health.
- Provide evidence-based education such as Physician/Nurse Asthma Care Education and Spirometry 360 training to health care providers.
- Build asthma education partnerships with existing home visitors and health educators.
- Build partnerships between schools, hospitals, and clinics to reinforce educational messages at every point of care.
- Partner with the Healthy Communities Partnership to educate state policy makers about how guidelines-based asthma care and tobacco prevention activities decrease the burden of asthma.
- Promote asthma educator certification among pharmacists and pharmacy technicians.
- Increase the number of health educators, community health workers, and other health professionals able to take the national asthma educator certification exam, especially among organizations serving high-risk populations.
- Take advantage of opportunities to link best-practice asthma activities to health reform initiatives.
- Partner with pharmacies to increase reporting overuse of rescue inhalers to providers.
- Convene asthma educators and case managers in Washington to coordinate planning and advocacy efforts.
- Provide Web-based information and resources through health plans.
- Encourage providers to write prescriptions for rescue inhalers with no more than one refill.
- Offer quality improvement training, including ongoing support and mentoring.
- Partner with the Puget Sound Health Alliance to include more data measures in the Community Checkup Report, as recommended by the Asthma Clinical Improvement Team.
- Promote reporting medication use to primary care providers in clinics with in-house pharmacies.
- Develop mentoring networks among collaborative "graduates" to support clinics conducting new quality improvement activities.

### Community/ Environment/Worksite Goal

### All people with asthma in Washington live in healthy homes and communities that support effective self-management and reduce exposure to asthma triggers.

### Strategies

- Develop and promote a statewide certification for healthy homes rentals, including training and inspection.
- Provide indoor air quality and health trainings for Section 8 housing managers and building inspectors.
- Promote adopting workplace tobacco-free policies.

- Provide technical assistance to employers to increase asthma-friendly policies and practices, including green cleaning, integrated pest management, and scent-free workplaces.
- Develop an advocacy plan to improve housing codes using the 2009 International Property Maintenance Code and other nationally recognized models.
- Advocate for policies that support changeover of non-certified wood burning devices to cleaner technology, particularly for low-income populations.
- Promote businesses adopting commute trip reduction policies, including flexible schedules, for employees.
- Seek funding and provide training/mentorship to spread the Weatherization + Health model among weatherization agencies.
- Create and spread volunteer-based home visit model among local health jurisdictions and community health centers.
- Support policies that reduce automobile use, such as partnering with Healthy Communities initiatives supporting sidewalk and trail development.
- Promote tobacco cessation benefits and onsite resources.
- Partner with the U.S. Forest Service, state Department of Natural Resources, and fire districts to tighten burning standards and practices.
- Partner with Department of Transportation to display air quality alerts and messages about minimizing driving on electronic highway signs.
- Build state clearinghouse for best practices, networking, and mentoring among home visit programs.
- When city and county comprehensive plans are ready for review, analyze built environment sections for health impacts, and provide health advocacy for the plan revision.
- Provide technical assistance and health information to small businesses in high-risk industries to increase proper use of protective equipment.

### Schools and Early Learning Goal

### All schools and early learning programs in Washington will be asthma-friendly.

### Strategies

- Develop and deliver trainings/best practice models to:
  - Increase school communication with parents and primary care providers.
  - Improve compliance by parents and primary care providers to submit asthma action plans and emergency care plans.
- Support the Quality Education Council's recommendations to increase funding for health services staff.
- Build awareness among school districts of policy recommendations in CDC's Six Strategies through newsletters, agency memos jointly sent by Department of Health and the Office of Superintendent of Public Instruction, and trainings sponsored by Coordinated School Health.
- Support existing projects, including collecting, analyzing, and disseminating health and environmental outcomes data.

- Build awareness among school districts of the process recommendations in CDC's Six Strategies and EPA's Tools for Schools through newsletters, agency memos jointly sent by Department of Health and the Office of the Superintendent of Public Instruction, trainings sponsored by Coordinated School Health, and the K20 video conferencing system.

- Obtain public health representation in the Quality Education Council to include state School Environmental Health and Safety rules in their recommendations.

- Create connections between early learning providers and schools to facilitate the transition into school for children with asthma.

- Update the Asthma Management in Educational Settings (AMES) manual to include the CDC's Six Strategies and information from the EPR-3 guidelines.

- Include additional asthma education examples in the Health and Fitness Essential Academic Learning Requirements to demonstrate how asthma education helps students meet the requirements.

- Build expertise among LHJs in the Six Strategies and Tools for Schools.

- Support Quality Education Council recommendations for increasing funding for school maintenance.

- Advocate for funding to support recommendations in the rules, including:
  - Maintenance and building activities.
  - Small repair grants.

- Identify, develop, and deliver training for custodians about indoor air quality, and include in the AMES manual.

- Build school awareness of availability of small repair grants and other funding sources.

# Special acknowledgements

The Washington State Department of Health thanks the Washington Asthma Initiative for creating the Washington State Asthma Plan and committing to putting the plan into action. We extend special thanks to the members of the State Asthma Plan Revision Workgroups who devoted many hours to creating this revised plan.

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